

CRITERIA FOR PRIOR AUTHORIZATION

Tecentriq® (atezolizumab)

PROVIDER GROUP Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Atezolizumab (Tecentriq®)

CRITERIA FOR APPROVAL FOR ATEZOLIZUMAB (must meet all of the following):

- Patient must have one of the following:
 - Patient must have a diagnosis of locally advanced or metastatic urothelial carcinoma
 - Patient must have one of the following:
 - Disease progression during or following platinum-containing chemotherapy OR
 - Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
 - Patient must have a diagnosis of metastatic non-small cell lung cancer (NSCLC)
 - Patient must have disease progression during or following platinum-based chemotherapy
 - Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA approved therapy for these aberrations prior to receiving Tecentriq.
- Must be prescribed by or in consultation with an oncologist or hematologist
- Patient must be 18 years of age or older
- Must be administered by a healthcare professional
- Patient must not be pregnant

LENGTH OF APPROVAL: 12 months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE